



**STATE OF MAINE**  
**Bureau of Insurance**

**Structured Settlement Transferee Registration Form**

**Definition of a Structured Settlement Transferee:**

A person that becomes entitled to receive structured settlement payment rights as a result of a transfer agreement.  
(See also, 24-A M.R.S.A. §2241 for more specific legal definitions of relevant terms.)

1. Name of Registrant:	
2. Principal Place of Business:	
3. Mailing address:	
4. Contact Person:	Telephone #:
5. State of Domicile:	
6. Federal Identification Number:	

I hereby state the above answers are complete and true.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature and Title of person authorized to execute form

\_\_\_\_\_  
Type or print name and Title

\*\*\*\*\*

**PLEASE BE ADVISED**

**Maine law:** Title 24-A M.R.S.A. §2242 requires notification to the Superintendent within 10 days of: changes in any information provided pursuant to this Registration Form. Failure to do so may result in the imposition of a civil penalty or other enforcement action in accordance with Title 24-A MRSA §12-A.

**Fees:** Original Issuance Fee - \$100. Make checks payable to: Treasurer, State of Maine.

**Return application with Original Issuance fee to:**

LICENSING DIVISION  
BUREAU OF INSURANCE  
34 STATE HOUSE STATION  
AUGUSTA ME 04333-0034  
Phone: (207) 624-8412 or (207) 624-8413

**E-mail us at:** susan.c.blaisdell@maine.gov  
or  
debra.j.ayotte@maine.gov

**Visit us at our web page:** [maineinsurancereg.org](http://maineinsurancereg.org)

**STATE OF MAINE**  
**Bureau of Insurance**

**STRUCTURED SETTLEMENT TRANSFEREE  
APPOINTMENT OF RESIDENT AGENT TO RECEIVE  
SERVICE OF LEGAL DOCUMENTS OR PROCESS**

☐ **New (No fee)**

☐ **Change (Please include \$25 fee)**

Name of Structured Settlement Transferee
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Name of Agent to Receive Service of Legal Documents or Process		Business Phone
Street Address of Agent	City	Zip

The above Structured Settlement Transferee duly organized under and by virtue of the laws of the State of \_\_\_\_\_, with its principal place of business in \_\_\_\_\_, State of \_\_\_\_\_, for the purpose of being authorized to transact business in the State of Maine, hereby appoints the above, pursuant to 24-A M.R.S.A. § 2242(2), to serve as its agent to receive service of legal documents or process issued against it in the State of Maine. The forenamed agent is hereby authorized and empowered to receive and accept such service which shall be taken and held as valid as if served upon the Structured Settlement Transferee.

\_\_\_\_\_  
Signature of Principal Officer

\_\_\_\_\_  
Type or Print Name of Principal Officer

\_\_\_\_\_  
Title